DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

\$

83605

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	7.6	****	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	224	262		*****	6	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7838	8324		*****	200	207				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	369	407		*****	9	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell. City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 01/31/2009 01/01/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	6719	7233		****	171	186				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.84	8.68		*****	.09	.2				
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	*****	*****	*****	13	13	36				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	****	1	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.77	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

DATE

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NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	94	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE: 83605

R \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225	332		*****	6	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7316	8075		*****	201	227				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	353	475		*****	10	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

| ID0021504 | 001-A | | DISCHARGE NUMBER | | DIS

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	l c	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5157	6445		*****	142	180				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.56	1.84		*****	.04	.05				
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	****	*****	15	15	51				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	4	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.41	****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
61426 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

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83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	****	*****	*****	****	16				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	93	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell. City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 03/01/2009 03/31/2009

DMR Mailing ZIP CODE:

83605

\$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	QUANTITY OR LOADING			UALITY OR CON	QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7.6	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	282	339		****	8	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8792	9420		*****	244	260				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	472	525		*****	13	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

\$

E: 83605

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	G	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	6643	7671		****	185	219				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	****	*****	28	27	46.1				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	6	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.62	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic	_	Twice Per Year	COMP24

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FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

CALDWELL, ID 83605 ATTN: Brendan Clemens, Operator

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell. City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

CALDWELL, ID 83605 ATTN: Brendan Clemens, Operator

ID0021504 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY

04/30/2009

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

DMR Mailing ZIP CODE:

\$

83605

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	231	338		*****	6	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9228	10162		*****	234	274				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	6.8	****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	304	403		****	8	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

04/01/2009

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell. City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

CALDWELL, ID 83605 ATTN: Brendan Clemens, Operator

ID0021504 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 04/30/2009 04/01/2009

DMR Mailing ZIP CODE:

83605 **MAJOR** \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7524	8705		*****	191	246				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	****	*****	15	17	36.7				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.71	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE: 83605

annig zir GODE.

MAJOR \$

External Outfall

(SUBR 02)

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	96	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	249	366		****	5	7			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8290	9247		*****	178	215			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	199	286		*****	4	6			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 05/01/2009 05/31/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION			REQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF	ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	8504	11688		*****	183	271		Е	ight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	****	*****	16	15	54		21	Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL	V	Veekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	10	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.58	****		****	****	*****	*****	С	ontinuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	****	*****	*****	*****	С	ontinuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L	V	Veekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MAXIMUM	tox chronic	Т	Twice Per Year	COMP24

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE: 83605

MAJOR \$ (SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MO AV MN	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	****	****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 06/30/2009 06/01/2009

DMR Mailing ZIP CODE:

83605 **MAJOR** \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	****	19	19			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	436	520		*****	8	10			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7377	7838		****	144	154			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	*****	7.2			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	435	495		*****	8	10			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 06/01/2009 06/30/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

00530 G 0	SAMPLE	VALUE	VALUE	UNITS		QUALITY OR CONCENTRATION					SAMPLE
00530 G 0				UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	ASUREMENT	7254	7753		*****	142	154			Nine Per Month	COMP24
Raw Sewage Influent REG	PERMIT EQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE ASUREMENT				*****						
	PERMIT EQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
	SAMPLE ASUREMENT	****	*****	*****	5	5	82		:	22 Per Month	GRAB
0101011	PERMIT EQUIREMENT	*****	****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
	SAMPLE ASUREMENT	****	****	*****	*****	5	****			Monthly	GRAB
	PERMIT EQUIREMENT	*****	****	*****	****	Req. Mon. MO GEO	****	#/100mL		Monthly	GRAB
	SAMPLE ASUREMENT	6.15	****		****	****	****	*****		Continuous	Recorder (auto)
	PERMIT EQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Ornornic, total residual	SAMPLE ASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
0000011	PERMIT EQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
	SAMPLE ASUREMENT	****	****	*****	*****	****	NODI 9				
	PERMIT EQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME THE TRINGILAE EXCOUNTE OF TOER	supervision in accordance with a system designed to assure that qualified personnel properly gather and				5,
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Lytilations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

\$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	94	*****	****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/01/2009 07/31/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.9	****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	618	703		*****	11	13			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7608	8374		*****	139	155			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	743	639		*****	14	12			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	8238	9315		*****	150	172			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.438	3.294		*****	.044	.06			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	*****	*****	13	9	482.84			23 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	****	23.3	*****			Twice Per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.61	*****		****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/01/2009 07/31/2009

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	91	****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

\$

83605

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	0	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	395	846		*****	7	11			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8566	10048		*****	156	201			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	****	*****	6.7	*****	7.4			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	509	813		*****	9.4	15			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

TYPED OR PRINTED Type Or PRINTED To the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

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supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION			REQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF	ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	9686	11792		*****	176	217		Е	ight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.57	4.88		****	.07	.09			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	****	*****	12.6	16.2	41.6		21	Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL	V	Veekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.6	****		****	****	*****	*****	С	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	****	*****	*****	*****	С	Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L	V	Veekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Monthly	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	tox chronic	T	Twice Per Year	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

PERMIT NUMBER MM/DD/YYYY 08/01/2009

ID0021504

001-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 08/31/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	95	****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

CALDWELL, ID 83605 ATTN: Brendan Clemens, Operator

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 09/01/2009 09/30/2009

DMR Mailing ZIP CODE:

83605 \$

(SUBR 02)

MAJOR

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.62	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	294	321		*****	5.5	6			Ten Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7937	9150		*****	148	165			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	*****	7			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	246	337		*****	4.6	6.5			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

ļ	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7524	10704		****	140	192			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.14	2.25		*****	.04	.04			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	*****	*****	*****	12	17	119			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	****	3	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.4	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

09/30/2009

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY

DMR Mailing ZIP CODE: MAJOR

83605

\$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	96	*****	*****			Ten Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

09/01/2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE CALDWELL, ID 83605 ATTN: Brendan Clemens, Operator

ID0021504	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2009	10/31/2009							

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	7	****	****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	288	296		*****	7	7			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7371	8641		*****	169	221			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	335	419		*****	8	9			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

| D0021504 | 001-A | | DISCHARGE NUMBER | | DISCHARGE NUMBER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7516	9776		*****	170	214			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11.61	37.99		*****	.27	.95			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	4.27	4.79	13.33			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.83	*****			Twice Per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.34	****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	PHONE	DATE
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TYPED OR PRINTED	- Notation is	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	*****				CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	****				CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	l a	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	18	19			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7.49	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	308		*****	6	8.5			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7009	8167		*****	183	212			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	****	*****	6.8	*****	7			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	247	348		*****	6.5	9.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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TYPED OR PRINTED	induitoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

83605

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	6463	8067		*****	170	224			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.532	1.578		*****	.04	.04			Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	3.76	3.54	12			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.749	*****		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

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TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 12/01/2009 12/31/2009

DMR Mailing ZIP CODE:

83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	18			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	344	415		*****	8	10			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7445	7769		*****	183	202			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	6.85	*****	7.11			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	690	1150		*****	17	28			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	-ioduois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of ADDRESS: 621 Cleveland Blvd.

Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

ID0021504 001-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 12/01/2009 12/31/2009

DMR Mailing ZIP CODE:

83605 \$

MAJOR (SUBR 02)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	· · · · · · · · · · · · · · · · · ·
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	6366	8953		*****	157	228			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.619	1.869		*****	.04	.04			5 Times Every Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	****	*****	9	9	250			23 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.796	****		*****	*****	*****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE

ATTN: Brendan Clemens, Operator

CALDWELL, ID 83605

| ID0021504 | 001-A | | DISCHARGE NUMBER | | | DISCHARGE NUMBER | | | DISCHARGE NUMBER | DISCHARGE

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	90	****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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